

PMH16

THE COST-EFFECTIVENESS OF PALIPERIDONE ER IN ACUTE PHASE OF SCHIZOPHRENIA IN TURKEY

Kanbur B¹, Karamustafalioglu O², Dilbaz N³, Turkcan S⁴, Sarioz F¹, Tatar F¹

¹Janssen-Cilag, Istanbul, Turkey, ²Sisli Etfal Training and Research Hospital, Istanbul, Turkey, ³Ankara Numune Training and Research Hospital, Ankara, Turkey, ⁴Bakirkoy Mental Diseases Training and Research Hospital, Istanbul, Turkey

OBJECTIVES: Schizophrenia is a chronic illness with great economic burden. Paliperidone ER is a new atypical antipsychotic drug in Turkey. The aim of the study is to estimate the cost-effectiveness of paliperidone ER compared to other oral atypicals (risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole) in acute phase of schizophrenia. **METHODS:** Model: An existing decision analytic model is adapted (based on literature and expert panels). The time horizon is six weeks. The study is performed from the health care payer perspective. Patient group: Patients diagnosed with schizophrenia that have suffered an acute exacerbation. Data sources: The clinical data are acquired from the literature. Resource use data are derived via expert panel. Prices of medications, institutional discount rates and other costs related to the treatment are obtained from Ministry of Health Drug Price List, Price List of Social Security Institution Health Implementation Guideline Appendix 2/D, 8 and 9, respectively. Clinical and economic outcomes: The clinical outcome measure is the number of patients responding. The response rate describes the proportion of patients who benefited from the therapy. This is defined as those achieving decrease of 30% or above to baseline in total PANSS score. Only direct medical costs, i.e. costs of antipsychotics, treatment of side effects, physician visits, hospitalization and laboratory examinations are considered. The results are presented as (ICER) additional cost per additional patient responding. **RESULTS:** Results are as follows: Total costs: €488, €444, €459, €629, €732, €712; response rates: 0.42, 0.36, 0.41, 0.33, 0.30, 0.32 for paliperidone, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole respectively. ICER is €760/responder for paliperidone. One-way sensitivity analyses prove that results of the study are strong. **CONCLUSIONS:** In the acute phase of schizophrenia, paliperidone is the dominant therapy in comparison to quetiapine, ziprasidone and aripiprazole. Compared to risperidone and olanzapine, it is the cost-effective therapy option.

PMH17

TREATMENT OF OPIATE DEPENDENT PATIENTS IN WALES WITH BUPRENORPHINE/NALOXONE—A COST-EFFECTIVENESS EVALUATION

Gibbons CJ

Schering-Plough, Welwyn Garden City, UK

OBJECTIVES: The Welsh National Database on Substance Misuse (WNSDM) has recorded around 1000 new referrals per quarter for patients requiring treatment for their opioid abuse problem with little evidence to suggest that numbers are declining. Opioid dependence in Wales is currently mostly treated with buprenorphine (Subutex) and methadone. Both of these therapies have their associated problems, notably the diversion of buprenorphine to the black market and its abuse through crushing, dissolving and injecting. The cost-effectiveness of buprenorphine/naloxone (Suboxone), a formulation of buprenorphine containing a component to deter abuse, has been appraised in Scotland but not in Wales. **METHODS:** A decision analytic model was developed to evaluate the cost-effectiveness of buprenorphine/naloxone in the Welsh treatment setting. Clinical data were sourced from an

unpublished trial comparing buprenorphine/naloxone and methadone as well as from a long-term safety trial of buprenorphine. The model takes into account expected pharmacy costs of dispensing and supervision. The base case assumed that buprenorphine/naloxone would be supervised less frequently than methadone or buprenorphine due to its reduced potential for abuse. **RESULTS:** The base case analysis found buprenorphine/naloxone to be cost-effective compared with methadone (ICER £26,775/QALY), and dominant compared to buprenorphine which is priced identically. Since all three treatment options have similar efficacy, these findings are attributable mainly to the reduced need for supervision of buprenorphine/naloxone compared to other substitution therapies. **CONCLUSIONS:** As was found in the Scottish system, buprenorphine/naloxone appears to be a cost-effective treatment option compared to methadone and buprenorphine alone.

PMH18

THE COST-EFFECTIVENESS OF PALIPERIDONE ER IN LONG-TERM TREATMENT OF SCHIZOPHRENIA IN TURKEY

Sarioz F¹, Dilbaz N², Karamustafalioglu O³, Turkcan S⁴, Kanbur B¹, Tatar F¹

¹Janssen-Cilag, Istanbul, Turkey, ²Ankara Numune Training and Research Hospital, Ankara, Turkey, ³Sisli Etfal Training and Research Hospital, Istanbul, Turkey, ⁴Bakirkoy Mental Diseases Training and Research Hospital, Istanbul, Turkey

OBJECTIVES: Long-term pharmacologic treatment of schizophrenia is critical towards optimizing outcome. The objective of this study is to estimate the cost-effectiveness of paliperidone ER in the long-term treatment of schizophrenia compared to other oral atypical antipsychotic drugs (risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole) in Turkish setting. **METHODS:** Model: An existing decision analytic model is adapted (based on literature and expert panels). The time horizon is one year. The study is performed from the health care payer perspective. Patient group: Community dwelling patients with schizophrenia who have suffered an acute exacerbation. Data sources: The clinical data are acquired from the literature. Resource use data are derived via expert panel. Prices of medications, institutional discount rates and other costs related to the treatment are obtained from Ministry of Health Drug Price List, Price List of Social Security Institution Health Implementation Guideline Appendix 2/D, 8 and 9, respectively. Clinical and economic outcomes: The clinical outcome measures are the proportion of patients relapsing, number of stable days and number of functional stable days. Only direct medical costs, i.e. costs of antipsychotics, treatment of side effects, physician visits, hospitalization and laboratory examinations are considered. **RESULTS:** Clinical and economic results are as follows: Total costs: €1959, €1852, €1903, €2396, €2627, €2630; number of relapses: 1.80, 2.03, 1.84, 2.14, 2.26, 2.22; number of stable days: 223, 207, 219, 198, 186, 188; number functional stable days: 152, 142, 146, 112, 106, 113 for paliperidone, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole, respectively. ICER values are of 6.85€/stable day; €10.03/functional stable day; €478.70/prevented relapse for paliperidone. One-way sensitivity analyses prove that results of the study are strong. **CONCLUSIONS:** In the long-term treatment of schizophrenia, paliperidone is the dominant therapy in comparison to quetiapine, ziprasidone and aripiprazole. Compared to risperidone and olanzapine, it is the cost-effective therapy option.